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Commissioner for Patents	Scott H. Kaliko, Esq.
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United States Patent & Trademark Office	NOVEMBER 3, 2006
RECIPIENT'S FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	3
RECIPIENT'S TELEPHONE NUMBER:	CLIENT / MATTER:
RE:	YOUR REFERENCE NUMBER:
Application No. 10/625,139	P03-239-BAT

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PTO/SB/21 (09-08)

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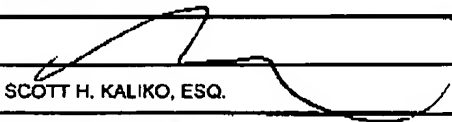
Application Number	10/625,139
Filing Date	July 23, 2003
First Named Inventor	JIM D'AMATO
Art Unit	1781
Examiner Name	Reginald Alexander
Attorney Docket Number	P03-239-BAT

**ENCLOSURES (Check all that apply)**

- |   |   |  |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	KALIKO & YEAGER		
Signature			
Printed name	SCOTT H. KALIKO, ESQ.		
Date	NOVEMBER 3, 2006	Reg. No.	45,786

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Signature			
Typed or printed name	SCOTT H. KALIKO, ESQ.	Date	NOVEMBER 3, 2006

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/025,139
Filing Date	JULY 23, 2003
First Named Inventor	JIM DAMATO
Art Unit	1791
Examiner Name	REGINALD ALEXANDER
Attorney Docket Number	PO3-230-BAT

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

30550

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

20550

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Jim Damato</i>		
Name	Jim Damato		
Date	November 3, 2006	Telephone	201-831-0575

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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